Return original copy to: Nebraska Department of Education Accreditation & School Improvement P.O. Box 94987 Lincoln, NE 68509-4987

FAX: (402) 471-8127

NDE 08-021

(Revised 7/11)

Date Due: Febr. 27

## COOPERATIVE ARRANGEMENTS COUNTED FOR THE HIGH SCHOOL INSTRUCTIONAL PROGRAM 2012-2013 School Year

Please submit this form for cooperatively arranged courses used in meeting 92 NAC 10-004.04A. Cooperatively arranged courses are those provided through cooperative arrangements between school systems or through contractual arrangements with ESU's and post-secondary institutions. Refer to Rule 10, Regulation 004.04D1a for conditions under which such courses may be used.

(Please be reminded that teachers in cooperatively arranged courses must hold a valid Nebraska Teaching Certificate.)

Co-Dist:	Name of School System:		Address:	City:	Zip Code:	
Name of Head Administrator:			Name of Cooperating School:			
		<u>l</u>				
Course Name:	Course Code:	Meets Regulation		Semester Code:	Grade Level(s):	Number of Students:
		004.04B				
Teacher's Name:	NDE Staff ID:	NDE Staff ID:		Endorsed:	Minutes Per Session:	No. of Sessions Per Year:
				Yes No		
<u> </u>	<u></u>		<u>I</u>			
Course Name:	Course Code:	rse Code: Meets Regulation		Semester Code:	Grade Level(s):	Number of Students:
		004.04B				
Teacher's Name:	NDE Staff ID:		1	Endorsed:	Minutes Per Session:	No. of Sessions Per Year:
				Yes No		
						l
Course Name:	Course Code:	Course Code: Meets Regulation		Semester Code:	Grade Level(s):	Number of Students:
		004.04B				
Teacher's Name:	NDE Staff ID:	NDE Staff ID:		Endorsed:	Minutes Per Session:	No. of Sessions Per Year:
			Ì	Yes No		
Course Name:	Course Code:	Meets Regulation	on S	Semester Code:	Grade Level(s):	Number of Students:
		004.04B				
Teacher's Name:	NDE Staff ID:		1	Endorsed:	Minutes Per Session:	No. of Sessions Per Year:
			Ì	Yes No		
	Signa	ture of Head Adm	inistrator		Date	